bismus, where the deviating eye is, as a rule, amblyopic, tenotomy is of little service and advancement is to be preferred. In the discussion, de Lapersonne (Paris) shared the view that operation should not be performed in convergent strabismus before the tenth year. He likewise has not abandoned tenotomy, although he regards advancement as holding the first place. Following operation binocular vision is frequently remarkably improved and can be further developed with the diploscope. Jessop (London) likewise does not operate before the tenth year and performs advancements only and highly values alternate atropinization in young squinters.

Hypophysis Tumors.—Fleischer (*Klin. Monatsbl. f. Augenhk.*, vol. lii, p. 625), from an analysis of fifteen cases, finds that visual disturbance when once begun almost invariably led to blindness in the course of a few years. Hemianopic temporal defects were present in every instance. Two cases operated by Schlöffer's method and one by von Hirsch's ran an extremely favorable course. In one case there were no further morbid phenomena, and the patient was able to return to work, as was also the fact in a second case. In a third the nasal half of the field was recovered. Operation is accordingly to be insisted upon, especially if there is provisional loss of visual acuity.

Treatment of Luxations of the Crystalline Lens.—Ask (*Klin. Monatsblatt. f. Augenhk.*, September, 1913, p. 331), based upon pathological, anatomical, and clinical experience, argues that the intrabulbar luxated lens constitutes a permanent threatening danger for the eye and should accordingly be removed whenever possible. He especially insists that his own pathologico-anatomical findings in subconjunctival luxations urgently bespeak early operation (enucleation if necessary, and this with regard to the danger of sympathetic opthhalmia; otherwise, as a rule, early removal of the subconjunctivally luxated lens) and against the views of Stellwag, Manz, and Mackenzie, which are still prevalent today, that to favor consolidation of the scleral cicatrix extraction of the subconjunctivally luxated lens should be postponed for a considerable period.

Fibrolysin in Stricture of the Lacrymal Canal.—Wolffberg (*Woch. f. Therap. u. Hyg.*, 1913, No. 44, p. 398) confirms the statement of P. Cohn regarding the beneficial action of injections of fibrolysin. He has treated satisfactorily ten cases of blennorrhea of the lacrymal sac with strictures impervious to the smallest probes. After thorough cleansing with hydrogen peroxide he injects with the Anel syringe a little suprarenal-cocaine solution, following which a few drops of fibrolysin are deposited in the same manner upon the strictured point. In a quarter of an hour in one case reported a probe could be introduced and passed smoothly the following day. Fourteen days' treatment resulted in cure. The writer particularly emphasizes the rapidity of action of this medicament.

The Eye-ground in Psychoses.—Benedict (*Annals of Ophthal.*, April, 1914, p. 233), from a study of the fundi of psychopathic subjects, concludes (1) that well-defined disorders from extensive morbid conditions may exist for sometime without change in the ophthalmoscopic appearances of the eye-grounds; (2) cases of dementia precox, either slowly developing or rapidly deteriorating, present no associated disk changes peculiar to this condition, but rather a higher percentage of normal fundi than either the organic or functional group of psychoses; (3) in functional psychoses there is no definite association between the mental disorder and the ophthalmoscopic appearance of the fundus.

The Scientific Basis of Potassium Iodide in Arteriosclerosis.—Flury (*Archiv. of Ophthal.*, July, 1914, p. 405) summarizes the results of experimental investigation as follows: The drug has a pronounced salt action, whereby it modifies osmotic processes and increases cellular activity. In addition the specific effect of the ions must be regarded. The potassium by its action on the central nervous system and muscles facilitates the transport of the salt in the tissues and the exchange of ions, and also causes special changes in the mineral metabolism. The peculiar distribution of iodine in the body shows that it has a distinct affinity for certain tissues. As regards arteriosclerosis, the arterial vessels as well as the glandular cells and many diseased tissues are able to collect iodine. The therapeutic use of iodide of potash may not only influence metabolism, but directly affect the vascular elements in arteriosclerosis. The reduction of the friction of the blood which potassium iodide causes may result in an improvement in the circulation and increased diapedesis. It may also be assumed, from the known effects of poisoning with iodine in man, that the reduction of blood-pressure plays a role in the action of the remedy. Iodide of potash cannot be replaced by any other salt or any of the numerous modern substitutes, inasmuch as its therapeutic effect depends upon the salt, the potassium and the iodine, of which the latter is probably the most important.

PATHOLOGY AND BACTERIOLOGY

UNDER THE CHARGE OF

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How Salivary Secretion is Influenced.—Wertheimer and Battez (*Jour. de Physiol. et de Path. Gén.*, November 15, 1913, vol. xv, No. 6) have undertaken experiments to decide the question of how the salivary glands are stimulated to secretion. It will be remembered that Cohnheim and Lichtheim found that salivary secretion increased if saline solution was introduced into the circulation. They considered that salivary secretion was one means by which the body cleared itself of the excess of fluid. Later Cohnheim found that even